

CITY OF LEWISTON  
RECREATION DIVISION  
65 CENTRAL AVE., LEWISTON, ME 04240

Phone: 513-3005

City web page: [www.lewistonmaine.gov](http://www.lewistonmaine.gov) Recreation Blog: <http://www.lewrec.blogspot.com>



**INDOOR T-BALL SKILLS & DRILLS CLINICS - 2015**

**Ages 4 years to 6 years**

**PROGRAM DIRECTOR:** Kevin Collins

**REGISTRATION FEE:** \$50.00 Resident (includes T-shirt)  
\$70.00 Non-Resident (includes T-shirt)

**(\$10.00 Administrative fee charged on refunds, NO refunds after the 1<sup>st</sup> week of program)**

**When:** Saturday, March 7<sup>th</sup> thru April 11<sup>th</sup>

The Program operates for six (6) weeks with the following sessions:

**4 year olds - Session One: 9:00 am to 9:45 am**

**5 year olds - Session Two: 10:00 am to 10:45 am**

**6 year olds - Session Three: 11:00 am to 11:45 am**

**Where:** Longley School, 145 Birch St., across from the Androscoggin Bank Colisée.

**Registration:** You may register your child any time before Friday, February 28<sup>th</sup> at the Lewiston of Recreation Division. **REGISTER EARLY! SESSIONS FILL UP FAST! LIMITED TO 75 YOUTH.**

**Summary of Program:** Participants will learn the basic knowledge of the game, as well as, participate in drills to learn the following: Catching, Fielding, Throwing and Running bases. We encourage the concept of teamwork throughout the program. This program is a great Introduction to the Sport before Outdoor T-Ball begins.

**\*\* There will be no games played. No Cleats!**

**First time playing T-Ball? \_\_\_\_ YES \_\_\_\_ NO**

<b>SHIRT SIZE:</b>	<b>YXS</b>	<b>YS</b>	<b>YM</b>	<b>YL</b>	<b>AS</b>	<b>AM</b>
	2-4	6-8	10-12	14-16	32-34	36-38

☐ **I will volunteer as a coach. Please contact the L.R.D. regarding volunteer paperwork.**

Please circle gender

**Name:** \_\_\_\_\_ **Male /Female** **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address (Different than above):** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

The person named herein has been granted permission to participate in the Recreation Division Youth T-Ball Program.

\_\_\_\_\_  
**Signature of parent/guardian**

**Paid: Credit Card- check - cash:** \_\_\_\_\_ **Ck #:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

### SPORTSMANSHIP\*

As a spectator, I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will remember that this is a children's program and coaches are volunteers. I will keep my cheering under control and on the positive side. I will show support for my child's accomplishments and I will never cheer another child's failure (such as an opponent missing a free throw). I will read the parent's Code of Conduct and I will abide by its rules. Any concerns I may have, I will bring to the Parent Representative or Director, or whoever is available, at the appropriate time.

As a player, I will practice good sportsmanship by being courteous to all players, coaches and officials. I will remember that my coach is a volunteer. I will support and encourage my teammates and I will never taunt or laugh at any player on the opposing team or my own. I will respect the referee's decisions and learn from it. I will read the player's Code of Conduct and abide by its rules. Any concerns I have I will discuss with my parents and the Parent Representative or Director, or whoever is available, at the appropriate time.

\*Adapted from NYSCA

### CITY OF LEWISTON RECREATION DIVISION IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

In the event that said minor is injured or becomes ill while participating in any special event, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child. I understand that the program will attempt to notify me immediately through the telephone number I have provided.

---

Signature of Parent/Guardian

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AS PART OF THE PROGRAM & THAT PHOTO MAY BE PUBLISHED.

---

Some special medical conditions my child has that you should know about are:

---

### WAIVER AND RELEASE OF LIABILITY

**DISCLAIMER:** THE CITY OF LEWISTON, ACTING THROUGH THE LEWISTON RECREATION DIVISION, IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE LEWISTON RECREATION DIVISION'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE LEWISTON RECREATION DIVISION, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation or the above named child participation (if said child is under 18 years of age), and on **behalf of myself and on behalf of the above named child if under 18 years of age, I hereby release** the City of Lewiston and covenant not-to-sue the City of Lewiston, and any of their employees, instructors, or agents, arising out of **any and all present and future claims resulting from any negligence on the part of the City of Lewiston and the Recreation Division** or others listed for property damage, personal injury, or wrongful death, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the **Recreation Division** and any of their employees, instructors, or agents, both present and future that may be made by me, my family, estate, heirs, devisees, or assigns.

Further, I am aware that this is a vigorous program involving cardiovascular stress and physical conduct. I understand that the program involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that this program involves a particular high risk of knee, head, and neck injury. In addition, I understand that participation in the Lewiston Recreation Division. Programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am (or my child) voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the City of Lewiston, Recreation Division, and others listed of any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held valid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine.

I affirm that I or the parent and/or legal guardian of the above named child if the child is under 18 years of age am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of the Recreation Division or any of the parties listed.

---

Signature of Parent/Guardian

---

Date

The City of Lewiston is an EOE. For more information, please visit our website @ [www.lewistonmaine.gov](http://www.lewistonmaine.gov)